

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 07-JUN-2016		2 TIME 00:15:00		3 ADDRESS OF OCCURRENCE 1438 W 83RD ST CHICAGO, IL 60638				4 LOCATION CODE 280		5 DEAR CODE 0713	
MEMBER INVOLVED	6 POSITION 9161	7 LAST NAME WOJTACZKA	8 FIRST NAME JACOB T	9 STAR NO 18257	10 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	11 RACE WHI	12 HT 508	13 WT 185			
	14 DATE OF APPL 01-APR-2013	15 EMPLOYEE NO.	16 UNIT & BEAT OF ASSIGNMENT 007 0715R	17 DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	18 MEMBER IN JURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
SUBJECT INFORMATION	20 LAST NAME SHIELDS	21 FIRST NAME ALAN	22 MI LEE	23 RACE <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24 RACE BLK	25 DOB 21-JUN-1984	26 HT 507	27 WT 180			
	28 ADDRESS 1612 S 60TH CT CICERO, IL		29 TELEPHONE NO	30 WAS SUBJECT ARMED/HANDS/FEET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31 SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	33 WHEN WAS MEDICAL TREATMENT OBTAINED?		34 BY WHOM?	35 CONDITION <input type="checkbox"/> 01 Asymptomatic <input type="checkbox"/> 02 Mildly Injured <input type="checkbox"/> 03 Hospitalized		36 UNDER INFLUENCE <input type="checkbox"/> 01 Alcohol <input type="checkbox"/> 02 Drugs <input type="checkbox"/> 03 Both <input type="checkbox"/> 04 None					
	38 CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		39 DNA		37 CB NO. 19323335	38 IN NO 1443840	39 DNA				
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT/ABUSE		ASSAULT/BATTERY		ASSAULT/DEATH FORCE		
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <u>FLAILING ARMS</u>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <u>USED FLAILING ARMS</u>		USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY INJURY <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> EBCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spect Displayed) <input type="checkbox"/> OTHER <u>ATTEMPTED HANDCUFFING</u>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>EMERGENCY HANDCUFF</u>		KICK <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____		
	40. ADDITIONAL INFORMATION RIO TRIED TO GAIN CONTROL OF COMBATIVE SUBJECTS LEFT ARM BY GRABBING THE SUBJECTS BICEP AND TRYING TO REMOVE IT FROM UNDER HIS BODY TO ATTEMPT TO COMPLETE EMERGENCY CUFFING										
CASE INFO.	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS OTHER _____				
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE				
	49 TASER DART ID NO.		50 WEAPON SERIAL NO. (Include Letters)		51 CHICAGO GUN REG. NO.		52 IL FIREARM OWNER ID. NO.		53 HANDGUN CERTIFICATE NO.		
	54 SPECIAL WEAPON CERTIFICATE NO.		55 PROPERTY INVENTORY NO.		56 TYPE OF AMMUNITION USED		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58 TOTAL NO. OF SHOTS MEMBER FIRED		
SIGNATURES	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
	64 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		65 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT. <input type="checkbox"/> 02 6-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT		67 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
	70 NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		71 NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		72 MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		73 REPORTING MEMBER (Print Name) WOJTACZKA, JACOB T		74 REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D		
	75 REPORTING MEMBER (Print Name) WOJTACZKA, JACOB T		STAR/EMPLOYEE NO. 18257		SIGNATURE [Signature]		DATE REVIEWED 07-JUN-2016 23:53:58		TIME 07-JUN-2016 23:53:58		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITION BY A DEPARTMENT MEMBER, 4) ANY OTHER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE IS DERIVED FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. SUBJECT STATEMENT REGARDING THE USE OF FORCE

DNA

☒ REPORTED

INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/Lt believes that the officer followed all department policies, procedures, and the use of force according to the law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOQ NO / CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

TIME

08 JUN-2016 01:58:47

79. TOTAL TRN's THIS EVENT No.

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